

Operational Decisions to Facilitate Standardization of Gold Star Provider Monitoring



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- Gold Star monitoring is site and service-specific.
- Advanced standing with Preferred, Exceptional or Gold Star status applies to the agency as a whole.
- All providers are subject to an Implementation Review 90 days after the provider has been reimbursed for the first set of claims submitted after enrollment in the network.

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- Providers are given credit for the length of verifiable time they have participated in the public MH/DD/SA service system whether enrolled in the LME-MCO's network or not.
- Frequency of Monitoring Based on Status on Profile:
 - ✦ Routine – Annually
 - ✦ Preferred – Every 2 years
 - ✦ Exceptional – Every 3 years
 - ✦ Gold Star – Every 4 years

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- URAC and NCQA approved the delegation of initial and routine monitoring of licensed facilities to DHSR-MHL for those services that are surveyed by DHSR-MHL on an annual (12-15 month) basis.
- In order to reduce duplication, ACTT services are exempt from the regulatory compliance/quality review using the Gold Star tools because of the comprehensive Tool for Measurement of Assertive Community Treatment (TMACT) fidelity reviews; however, ACTT services are subject to post-payment review.
- The AFL Health and Safety Review Tool is used for the annual monitoring of unlicensed AFLs under the Innovations Waiver.

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- Responsibilities of LME-MCOs:
 - Monitoring the providers with which they contract whether the service is located inside or outside the LME-MCO catchment area.
 - Monitoring non-contract providers in their catchment area and sharing the results with the LME-MCO with which the provider contracts.
 - Conducting post-payment reviews on the providers with which they contract.

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- Responsibilities of LME-MCOs for Licensed Facilities:
 - With the exception of complaints related to Medicaid billing issues, including allegations of fraud and abuse, LME-MCOs should only investigate non-ruled-based complaints of licensed providers.
 - Except as noted above, rule-based complaints, including those which involve consumer health, welfare and safety issues, should be referred to the Complaint Intake Unit at DHSR (1-800-624-3004).

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- Responsibilities of LME-MCOs for Licensed Facilities:
 - Monitoring licensed facilities that are not surveyed by DHSR-MHL on an annual (12-15 month) basis
Refer to “*Licensed MH/DD/SA Services and Frequency of Surveys Conducted by DHSR-MHL Section*” chart
 - Conducting post-payment reviews on all licensed facilities that fall under the rubric of Gold Star Monitoring
Note: While Early Intervention Services, ICF-MR facilities and Inpatient Hospitalization fall outside of Gold Star Monitoring, as a reimbursable service, these services are subject to program integrity reviews when indicated.

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- **Post-Payment Reviews:**
 - Because PPRs are based on paid claims for services provided to an individual on a site and service-specific basis, they are not redundant.
 - Post-payment reviews are conducted within the context of all phases of Gold Star Monitoring as well as when complaint investigations or other reviews are conducted.
 - In those cases where a provider contracts with more than one LME-MCO, there are opportunities for collaboration and coordination across LME-MCOs.
 - The Post-Payment Review Tools are used for Gold Star Monitoring as well as to conduct program integrity audits.

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- **Plans of Correction:**
 - Plans of correction may be requested by the LME-MCO to correct non-compliances and deficiencies.
 - When a POC is requested, the timelines and procedures outlined in the DMH/DD/SAS Plan of Correction Policy will be used.
 - In licensed facilities, DHSR follows up on all standard deficiencies at the next survey.

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- **Application Policy and Procedure Review Tool:**
 - For a provider whose service array includes at least one licensed service who is requesting to participate in the LME-MCO provider network, the provider is not required need to complete the Application Policy and Procedure Review Tool.
 - The Application Policy and Procedure Review Tool is designed to be used when the provider does not provide a licensed service.

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- Sampling Methodology:
 - RAT-STATS statistical software has been adopted by DHHS as the approved *numbers generator* for selecting the sample for Gold Star Monitoring.
 - ✦ Gold Star monitoring is site and service-specific.
 - ✦ The current sample size for the Implementation (Initial) Review is 10 paid claims.
 - ✦ The current sample size for a Routine Review is 30 paid claims.

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- **Sampling Methodology:**
 - In order to ensure a representative and adequate sample, the sample selection for initial certification and recertification of PEGS status is being re-evaluated in light of the decision to apply advanced standing across the agency as a whole.
 - The sampling methodology for Gold Star monitoring does not use extrapolation.

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- Re-certification of Advanced Status:
 - The Domain Review Tool has been discontinued for monitoring PEGS providers for re-certification. Some items on the Domain Review Tool have been incorporated into the PEGS tools.
 - The PEGS tools have been enhanced to better differentiate the requirements for movement from one level to the next and to better assess continued maintenance of the attained status.